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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077

Phone Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|-----------|--|--|--|
| EMBLI | ADDITESS: | | | |

Foreign Limited Liability Company **ASRR SUZER 8955 LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. ASRR SUZER 8955 LLC |
|---|
| (Name of Porcign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") |
| _{2,} Delaware 3, |
| (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) |
| 4. |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 261 Madison Avenue, 27th Floor |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty limbility) 5. 261 Madison Avenue, 27th Floor New York, NY 10016 |
| (Street Address of Principal Office) |
| 6. 261 Madison Avenue, 27th Floor New York, NY 10016 |
| New York, NY 10016 55 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Alex Sapir, President, 261 Madison Avenue, 27th Floor, New York, NY 10016 |
| Ronit Dvir, CFO, 261 Madison Avenue, 27th Floor, New York, NY 10016 |
| |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator |
| Sign ture of an authorized person In accordance with section 605.0203, F.S., the execution of this planment constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to purpoparament of State constitutes a third degree felony as provided for in 5.817.155, F.S.) |
| an absorbance with section 603.0203, P.S., the execution of this piculant constitutes at all matter under the penultes of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to hip peparament of State constitutes a third degree fellony as provided for in s.817.155, P.S.) Alex Sapir |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. | The | name | of the | Limited | Liability | Company | រំន |
|----|-----|------|--------|---------|-----------|---------|-----|
|----|-----|------|--------|---------|-----------|---------|-----|

| ASRR | SUZER | 8955 | LLC |
|-------------|-------|------|-----|
|-------------|-------|------|-----|

| If unavailable, the alternate to be use | ed in the state of Florida is: |
|---|--------------------------------|
|---|--------------------------------|

2. The name and the Florida street address of the registered agent and office are:

Vcorp Services, LLC

(Name)

5011 South State Road 7, Suite 106

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Davie

__ 33314

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASRR SUZER 8955 LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASRR SUZER 8955 LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2015.

2015 MAY 15 AM 9: 43

5736143 8300

150581932

Jeffrey W. Dullock, Sacrotary of State
AUTHENTY CATION: 2331737

DATE: 04-29-15

You may verify this cartificate online at corp.delaware.gov/authvor.shtml